



SHRI  
DHARMASTHALA  
MANJUNATHESHWARA  
UNIVERSITY

FORM - UF 01

ADMISSION WITHDRAWAL / DISCONTINUATION

From,

Name :

Reg. No :

Program :

Mobile No :

To,

The Principal,

Name of the Institution

I student of .....year of .....program, in .....(Name of the institution)..... a constituent unit of Shri Dharmasthala Manjunatheshwara University. I wish to withdraw/discontinue my course from .....(Date of withdrawal/Discontinue) due to.....(reason).

I assure, I will abide by the undertakings/declarations submitted by me at the time of admission pertaining to withdrawal /discontinuation from the course/program.

Kindly permit me to discontinue my course.

Place:

(Signature of the Parent)

(Signature of the Student)

Date:

For College Office Use Only

Mr/Ms .....was admitted on.....(Date of joining) to .....

.....Program under..... quota during the Academic Year.....

The procedure of withdrawal of the admission has been explained to the parents & student at the time of the admission as well as during the counselling.

Present Fee Structure

Fees Demanded/Due : Rs...../-  
Fees paid by the student : Rs...../-  
Fees Payable/Receivable :Rs...../-

Fee's payment liability in case of approval of Discontinuation of Course	
Details	Tuition Fees :
	College Fees :
	University Fees :
	Miscellaneous Fees :

Office Manager/In-charge

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Remarks/Recommendations:

PRINCIPAL

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Remarks :

Recommended / Not Recommended

FINANCE OFFICER

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Remarks :

Recommended / Not Recommended

REGISTRAR

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Approved / Not Approved

VICE CHANCELLOR